

## Appendix A: Evidence summary

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p><b>Strategic leadership, planning and commissioning</b></p> <p><b>Recommendation 1 Prioritise the needs of looked-after children and young people</b></p> <p><b>Recommendation 2 Commission services for looked-after children and young people</b></p>		
<p>No evidence identified.</p>	<p>Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Education &amp; Department of Health 2015). No additional intelligence indicated that this area required updating.</p> <p>Topic experts identified the following editorial or factual corrections:</p> <p>Recommendation 1:  <a href="#">Statutory guidance on promoting the health and well-being of looked after children</a> (Department for Children, Schools and Families) has been replaced by <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Education &amp; Department of Health 2015).</p> <p>Recommendation 2:  The following link is no longer active: <a href="#">Outcomes and efficiency: commissioning for looked after children</a> Commissioning Support Programme.</p> <p>One topic expert highlighted a report from the LGA. <a href="#">Future funding outlook for councils</a></p>	<p>No new evidence was identified that would affect recommendations.</p> <p>The information provided by 1 expert on local authority budget constraints is relevant to the funding context for all services. It is acknowledged that recommendations across the guideline will be interpreted in a context of these constraints and will have an impact on services for children and young people.</p>

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	2019/20 (LGA 2015). It highlights concern expressed by professional associations and LGA that local authority budgets generally have been reduced and continue to be reduced, with a negative impact on services for children and young people.	
<b>Audit and inspection</b> <b>Recommendation 3 Regulate services</b> <b>Recommendation 4 Inspect services for care leavers</b>		
No evidence identified.	Initial intelligence gathering identified the following editorial or factual corrections:  Recommendation 4 The following link to standards is no longer active: National Leaving Care Advisory Service ( <a href="#">National standards in leaving care</a> National Leaving Care Advisory Service).  No expert feedback was provided by the expert questionnaire that related to this area.	No new evidence was identified that would affect recommendations.
<b>Care planning, placements and case review</b> <b>Recommendation 5 Implement care planning, placement and case review regulations and guidance</b>		
No evidence identified.	Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Education & Department of Health 2015).	No new evidence was identified that would affect recommendations.  One expert highlighted the importance of support for the birth family, to enable reunification or 'twin tracking' and a pathway to permanence. This is a

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	<p><a href="#">The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review</a> (Department for Children Schools and Families 2010) has been updated by <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Education 2015).</p> <p>One expert identified that within the guideline there is little reference to children who return home from care, and yet most children entering the care system will return home as their path to permanence, and there is evidence that support for the family while the child is in care may support rehabilitation with birth parents.</p> <p>One expert highlighted a recent review of qualitative evidence that is relevant to this topic area: Coram Voice (2015) <a href="#">Children and young people's views on being in care.</a></p> <p>One expert highlighted there is a drive in some local authorities to use Apps, such as <a href="#">MOMO</a>, to communicate with looked after children and young people. The expert questioned the value of such technology.</p>	<p>potential topic which could be covered by an updated guideline.</p> <p>The qualitative evidence, from Coram Voice supports current guideline recommendations and emphasises the importance of considering young people's views of their care experiences and needs; and to ensure that their voice is heard. A systematic review of qualitative evidence, with similar outcomes reported, was used during the development of the guideline.</p> <p>With reference to 1 expert's identification that modern 'App' technologies are being used to support communication between local authorities and looked after children and young people, no new evidence was identified on this topic. Recommendations on this topic would be preceded by publication of evidence on the effect of such technologies in supporting care for looked after children and young people.</p>
<p><b>Professional collaboration</b></p> <p><b>Recommendation 6 Support professional collaboration on complex casework</b></p> <p><b>Recommendation 7 Ensure everyone involved understands their role</b></p>		
No evidence identified.	Initial intelligence gathering identified there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and</a>	No new evidence was identified that would affect recommendations.

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	<p><a href="#">wellbeing of looked-after children</a> (Department for Education &amp; Department of Health 2015).</p> <p>One topic expert identified a recent briefing report on the need to protect children in care and those living in residential units from child sexual exploitation: <a href="#">Briefing for the Rt Hon Michael Gove MP, Secretary of State for Education, on the emerging findings of the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups, with a special focus on children in care</a> (Office of the Children's Commissioner 2012).</p> <p>Another comment from an expert raised a related point concerning risk of sexual exploitation as a general risk for all looked after children. The expert identified that this should be referenced in the recommendations relating to training of staff and foster carers/adopters, and care planning.</p>	<p>One topic expert identified a briefing report on child sexual exploitation which has a focus on children in care. The current guideline does not directly address this issue, although it does outline how services should be configured to ensure good practice. The guidance aims to ensure that for the 'team around the child' to provide effective care, professionals need to collaborate closely and share relevant and sensitive information. It is also highlights that when multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations, and more readily adopt an approach that focuses on the best outcomes.</p> <p>No evidence has been identified to substantiate a new recommendation on training for carers or professionals to mitigate the risk of sexual exploitation amongst looked after children and young people. Although no evidence was identified at this time, it is recognised that the guideline now overlaps extensively with national guidance. A revision to the guideline will provide greater focus and detail of effective interventions for looked after children and young people, and their parents and foster carers.</p>

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<p><b>Dedicated services to promote the mental health and emotional wellbeing of children and young people in care</b></p> <p><b>Recommendation 8 Commission mental health services</b></p> <p><b>Recommendation 9 Ensure access to mental health services for black and minority ethnic children and young people</b></p> <p><b>Recommendation 10 Ensure access to mental health services for unaccompanied asylum-seeking children who are looked after</b></p> <p><b>Recommendation 11 Ensure access to specialist assessment services for young people entering secure accommodation or custody</b></p>		
<p>No evidence identified.</p>	<p>Initial intelligence gathering identified there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Educations &amp; Department of Health 2015). No additional intelligence indicated that this area required updating.</p> <p>One topic expert identified the Government are currently reviewing mental health and wellbeing assessments and reviews for looked after children: <a href="#">Mental health and wellbeing of looked-after children: response</a>.</p>	<p>No new evidence was identified that would affect recommendations.</p> <p>As highlighted by 1 expert, the Government has accepted some of the recommendations of House of Commons Education Committee (<a href="#">Mental health and well-being of looked after children</a>) and this is likely to have a bearing on future local commissioning and service provision. The Government review is expected to report its findings in 2018. Developments will be monitored and an assessment of any impact on an updated guideline will be undertaken in the future.</p>
<p><b>Placements for children and young people – residential care, foster care and care by family and friends</b></p> <p><b>Recommendation 12 Plan and commission placements</b></p> <p><b>Recommendation 13 Use current information to make decisions about placement changes</b></p> <p><b>Recommendation 14 Ensure looked-after children and young people in secure and custodial settings have their care plan or pathway plan reviewed</b></p>		
<p>No evidence identified.</p>	<p>Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Educations &amp; Department of Health 2015).</p>	<p>Although no evidence was identified at this time, it is recognised that the guideline now overlaps extensively with national guidance. A revision to the guideline will provide greater focus and detail of effective interventions for looked after children and young people, and their parents and foster carers.</p>

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	<p>Recommendation 12:</p> <ul style="list-style-type: none"> <li>• <a href="#">The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review</a> (Department for Children Schools and Families 2010) has been updated by <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Education 2015).</li> <li>• The following link is no longer active: <a href="#">Resources on local partnerships</a> Commissioning Support Programme.</li> </ul>	
<p><b>Sibling placements and contact</b>  <b>Recommendation 15 Support sibling placements</b></p>		
<p>One observational study(1) and 2 randomised controlled trials (RCTs)(2,3) were identified that were relevant to recommendation 15.</p> <p>A cross-sectional study(1) conducted in Israel compared the wellbeing and self-esteem of young siblings placed together in residential care (n=91) compared to young people placed without siblings (n=103, aged 12–14). The study considered the contribution of sibling relations, frequency of the meetings between the siblings, parental favouritism, age rank, time in care, self-esteem and perception of parents' economic status to the young people's wellbeing. The study found that young people placed with siblings reported significantly greater wellbeing than those placed alone, but no other differences were identified (no data reported in abstract).</p>	<p>Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Education 2015). No additional intelligence indicated that this area required updating.</p> <p>No expert feedback was provided by the expert questionnaire that related to this area.</p>	<p>New evidence was identified that would be relevant to an updated guideline.</p> <p>The new evidence from 1 observational study suggests that placing siblings together can be beneficial. This is broadly consistent with guideline recommendations: PH28 states that placements should allow siblings to live together unless there is clear evidence that this would not be in their best interests.</p> <p>The evidence from 2 trials indicates that interventions can improve the relationship quality of siblings in care, however the evidence is limited from a single small pilot trial and 1 larger study. This is a potential topic which could be covered by an updated guideline.</p>

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<p>An RCT(2) of sibling interventions aimed to improve the relationship quality among older (11-15 year) and younger (&lt;4 years) foster siblings. In total, 164 dyads (328 children and young people) participated. The outcomes of the study were based on self-reported, observer-reported and observational data over an 18-month study period. The authors report that the sibling interventions improved sibling relations quality (no data reported in the abstract).</p> <p>In a pilot-RCT(3) of an intervention to promote sibling bonds (PSB), maltreated siblings (5-11yrs) and their foster parent were randomised to a three-component intervention (n=13) or a comparison (n=9) group. The prevention intervention was delivered over 8-weeks by a clinician team. Adjusted post-intervention scores by child age, indicated that intervention siblings showed significant higher positive and negative interaction quality and lower sibling conflict during play than comparison pairs. Foster parents in the intervention group reported a significant higher number of conflict mediation strategies and lower sibling physical aggression from the older toward the younger child than those in the comparison group.</p>		

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<p><b>Supporting babies and young children</b></p> <p><b>Recommendation 16 Assess the needs of babies and young children and ensure access to services</b></p> <p><b>Recommendation 17 Ensure there are specialist services for babies and young children</b></p> <p><b>Recommendation 18 Ensure carers and frontline practitioners working with babies and young children receive specialist training</b></p> <p><b>Recommendation 19 Reduce moves and achieve permanence for babies and young children</b></p>		
<p>No evidence identified.</p>	<p>Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Education 2015). No additional intelligence indicated that this area required updating.</p> <p>No expert feedback was provided by the expert questionnaire that related to this area.</p>	<p>Although no evidence was identified at this time, it is recognised that the guideline overlaps extensively with national guidance. A revision to the guideline will provide greater focus and detail of effective interventions for looked after children and young people, and their parents and foster carers.</p>
<p><b>Health assessments, records and information</b></p> <p><b>Recommendation 20 Assess the health needs of looked-after children and young people</b></p> <p><b>Recommendation 21 Share health information and ensure consent is obtained</b></p> <p><b>Recommendation 22 Update the personal health record (red book) and ensure this follows the child or young person</b></p> <p><b>Recommendation 23 Share information from assessments for court processes</b></p>		
<p>No evidence identified.</p>	<p>Initial intelligence gathering identified there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Educations &amp; Department of Health 2015) and <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Education 2015).</p>	<p>Although no evidence was identified at this time, it is recognised that the guideline now overlaps extensively with national guidance. A revision to the guideline will provide greater focus and detail of effective interventions for looked after children and young people, and their parents and foster carers.</p>

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	<p>Recommendation 20:</p> <ul style="list-style-type: none"> <li>• <a href="#">The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review</a> (Department for Children Schools and Families 2010) has been updated by <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Educations 2015).</li> <li>• <a href="#">Statutory guidance on promoting the health and well-being of looked after children</a> (Department for Children, Schools and Families) has been replaced by <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Educations &amp; Department of Health 2015).</li> </ul>	
<p><b>Personal quality of life</b></p> <p><b>Recommendation 24 Meet the individual needs and preferences of looked-after children and young people</b></p> <p><b>Recommendation 25 Explore personal identity and support ongoing life-story activities</b></p>		
No evidence identified.	Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for 2015). No additional intelligence indicated that this area required updating.	Although no evidence was identified at this time, it is recognised that the guideline now overlaps extensively with national guidance. A revision to the guideline will provide greater focus and detail of effective interventions for looked after children and young people, and their parents and foster carers.

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<p><b>Diversity</b></p> <p><b>Recommendation 26 Ensure everyone understands diversity issues</b></p> <p><b>Recommendation 27 Share learning about diversity</b></p> <p><b>Recommendation 28 Appoint a diversity champion</b></p> <p><b>Recommendation 29 Produce and use a diversity profile</b></p> <p><b>Recommendation 30 Ensure there is a diverse range of placements</b></p> <p><b>Recommendation 31 Carry out core assessments</b></p> <p><b>Recommendation 32 Embed diversity in local plans</b></p> <p><b>Recommendation 33 Provide expertise relating to unaccompanied asylum-seeking children and young people who are looked after</b></p> <p><b>Recommendation 34 Provide expertise relating to black and minority ethnic children and young people</b></p>		
<p>No evidence identified.</p>	<p>Recommendation 33 One topic expert mentioned that the guideline does not make reference to looked-after children who are victims of trafficking.</p>	<p>No new evidence was identified that would affect recommendations.</p> <p>Recommendation 33 One topic expert highlighted that that the guideline does not make reference to looked-after children who have been trafficked. Whilst no evidence has been identified for this population, the Department for Education recently published the following statutory guidance, which covers care planning for children who are victims of trafficking: <a href="#">Care of unaccompanied and trafficked children: Statutory guidance for local authorities on the care of unaccompanied asylum seeking and trafficked children</a> (2014). This topic could be covered by an updated guideline.</p>

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<p><b>Supporting foster and residential care</b></p> <p><b>Recommendation 35 Assure the quality of foster and residential care</b></p> <p><b>Recommendation 36 Train foster and residential carers</b></p> <p><b>Recommendation 37 Support foster carers and their families</b></p> <p><b>Recommendation 38 Train supervisors</b></p>		
<p>Recommendation 36 Literature searches yielded 34 studies(4–37) which assessed the effectiveness of a range of interventions that support or train residential and foster carers (including kinship carers).</p> <p>The evaluated interventions included multi-dimensional treatment foster care (MTFC), Keeping Foster and Kinship Parents Trained and Supported (KEEP), Incredible Years programme and other parenting interventions.</p> <p>There is overlap between the current guideline and <a href="#">Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</a> (November 2015) NG26. Both guidelines make recommendations about support packages for foster carers and their families (including kinship care) and draw on the same evidence base.</p> <p>New evidence on this topic will be considered during the next surveillance review of NG26 <a href="#">Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</a> (November 2015).</p>	<p>Initial intelligence gathering identified the following: there is overlap and commonality with existing statutory guidance, including <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Educations &amp; Department of Health 2015) and <a href="#">Children Act 1989: care planning, placement and case review</a> (Department for Education 2015).</p> <p>Recommendation 35 The following link to standards is no longer active: <a href="#">Revising the national minimum standards (NMS) for adoption, children’s homes and fostering</a> (Department for Children, Families and Schools).</p> <p>Recommendation 36: <a href="#">Statutory guidance on promoting the health and well-being of looked after children</a> (Department for Children, Schools and Families) has been replaced by <a href="#">Promoting the health and wellbeing of looked-after children</a> (Department for Educations &amp; Department of Health 2015).</p> <p>Recommendation 37 <a href="#">Family and friends care: statutory guidance for local authorities</a> (Department for Education)</p>	<p>Recommendation 36 During this 8 year surveillance review a considerable amount of evidence was identified which assessed the efficacy of a range of interventions for residential and foster carers (including kinship carers).</p> <p>Given there is overlap between the current guideline and <a href="#">Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</a> (November 2015) NG26, and both guidelines make recommendations about support packages for foster carers and their families (including kinship care) and draw on the same evidence base, it is proposed that new evidence on this topic will be considered during the next surveillance review of NG26 <a href="#">Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</a> (November 2015).</p> <p>Supporting foster and residential care. One expert identified a recent report on allegations concerning the abuse or neglect of children in care. The current guideline does not directly address this issue, although it does outline how services should be configured to ensure good practice. The guidance aims to ensure that for the 'team around the child' to</p>

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	<p>sends the user to the wrong documents; the recommendation should link to <a href="#">Family and friends care: statutory guidance for local authorities</a> (Department for Education 2011).</p> <p>Initial intelligence gathering also identified the following evidence: <a href="#">The Fostering Changes programme</a> Fostering Changes is a training programme specially designed for foster carers to help them manage difficult behaviour and improve their relationships with the children they look after. The findings of the trial have been published: <a href="#">Randomised Controlled Trial of the Fostering Changes Programme</a>. The findings from this RCT were used to support DfE's decision to roll-out the programme nationally, and provide evidence for its continued use.</p> <p>One topic expert identified the following studies (which were also identified through the surveillance search and referenced in this document(12,13,21)):</p> <p>Dozier M, Peloso E, Lewis E, et al. (2008) Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. <i>Dev Psychopathol.</i> 20(3):845-59.</p> <p>Dozier M, Lindhiem O, Lewis E, et al. (2009) Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. <i>Child Adolesc Soc Work J.</i> 2009 Aug;26(4):321-32. PMID: 22065891.</p>	<p>provide effective care, professionals need to collaborate closely and share relevant and sensitive information. It is also highlights that when multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations, and more readily adopt an approach that focuses on the best outcomes.</p> <p>No evidence has been identified to substantiate a new recommendation on training for carers or professionals to mitigate abuse or neglect of children in care. This is a potential topic which could be covered by an updated guideline.</p>

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	<p>Lewis-Moriarty E, Dozier M, Bernard K, et al. (2012) Cognitive flexibility and theory of mind outcomes among foster children: Preschool follow-up results of a randomized clinical trial J Adolesc Health. 2012 August;51(2 Suppl):S17-S22.</p> <p>The following studies were also identified but were outside of the timeframe for the current review (they were also identified in previous evidence searches for this guideline):</p> <p>Dozier M, Peloso E, Lewis E, et al. (2008) Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. Dev Psychopathol. 20(3):845-59.</p> <p>Fisher PA, Burraston B, and Pears KC (2005). The Early Intervention Foster Care Program: permanent placement outcomes from a randomized trial. Child Maltreatment, 10, pp.61-71.</p> <p>Linares LO, Montalto D, Li M et al. (2006) A promising parenting intervention in foster care. Journal of Consulting and Clinical Psychology 74 (1): 32–41.</p> <p>One expert highlighted the need for access to support, training and specialist therapeutic support that may help residential staff and foster carers. The following report was provided as evidence that some children are not afforded protection and good quality care, in the context</p>	

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	of this guideline: <a href="#">Keeping children safe: allegations concerning the abuse or neglect of children in care</a> (NSPCC 2014).	
<p><b>Care provided by family and friends</b></p> <p><b>Recommendation 39 Consider developing a national strategy to implement statutory guidance for care provided by family and friends</b></p> <p><b>Recommendation 40 Promote care provided by family and friends</b></p>		
<p>Recommendation 40 Literature searches identified 4 studies(10,16,38,39) which assessed the effectiveness of interventions for kinship carers.</p> <p>New evidence on this topic will be considered during the next surveillance review of NG26 <a href="#">Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</a> (2015).</p>	<p>Initial intelligence gathering identified the following:</p> <p>The section heading <a href="#">Family and friends care: statutory guidance for local authorities</a> (Department for Education) sends the user to the wrong documents; the recommendation should link to <a href="#">Family and friends care: statutory guidance for local authorities</a> (Department for Education 2011).</p>	<p>Recommendation 40 There is overlap between the current guideline and <a href="#">Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</a> (November 2015) NG26. Both guidelines make recommendations about support for foster carers and their families (including kinship care) and draw on a similar evidence base.</p> <p>The new evidence will be considered during the next surveillance review of NG26.</p>
<p><b>Improving education for looked-after children and young people</b></p> <p><b>Recommendation 41 Develop teacher training</b></p> <p><b>Recommendation 42 Involve designated teachers for looked-after children and young people</b></p> <p><b>Recommendation 43 Monitor the quality of education for looked-after children and young people</b></p> <p><b>Recommendation 44 Support access to further and higher education</b></p> <p><b>Recommendation 45 Support looked-after young people in further and higher education</b></p>		
<p>The current guideline does not include recommendations on educational interventions for looked after children and young people.</p>	<p>Initial intelligence gathering identified there is overlap and commonality with existing statutory guidance: <a href="#">Promoting the education of looked after children: statutory guidance for local authorities</a> Department for Education (2014).</p>	<p>The guideline does not currently include recommendations for education (pedagogical) interventions aimed at improving outcomes for looked after children and young people. An existing NICE guideline, PH40 <a href="#">Social and emotional wellbeing:</a></p>

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<p>The surveillance review identified 1 systematic review(40), 7 RCTs(41–47) and 3 before-and-after studies(48–50) which provided new evidence about educational interventions for looked after children and young people.</p> <p>A systematic review(40) of RCTs evaluated effectiveness of educational interventions (details of interventions are not provided in the abstract) for children in care aged up to 18. Outcomes considered included academic skills, academic achievement and grade completion, homework completion, school attendance, teacher-student relationships. Fifteen studies which reported on 12 interventions met the inclusion criteria. Although 9 studies demonstrated some impact (no data provided in the abstract) the authors concluded that methodological quality precluded firm conclusions.</p> <p><b>Pre-school (early years)</b> Literature searches identified 3 studies(51–53) which assessed the effectiveness of early years interventions for foster children. New evidence on this topic will be considered during the next surveillance review of PH40 <a href="#">Social and emotional wellbeing: early years</a> (2012).</p> <p><b>Primary &amp; Secondary age groups</b> An RCT(43) of primary and secondary level pupils in long-term care evaluated the effectiveness of a tutoring literacy and maths programme, Teach Your Children Well (TYCW). Pupils (n=68) were randomly assigned to the 25-week TYCW programme or waitlist controls. Based on 1 year data, small to moderate effect sizes were found in favour of the</p>	<p>Recommendations 43 <a href="#">Promoting the education of looked after children: statutory guidance for local authorities</a> Department for Children, Schools and Families should state: <a href="#">Promoting the education of looked after children: statutory guidance for local authorities</a> Department for Education (2014).</p> <p>Recommendation 45 <a href="#">Frank Buttle Trust</a> quality mark link has moved to <a href="#">Buttle UK</a>.</p>	<p><a href="#">early years</a> (2012), does cover education and new evidence will be considered in a future surveillance review for early years.</p> <p>The new evidence for primary and secondary level education interventions for looked after children and young people is diverse in content with interventions being delivered by a range of providers, including teachers and foster carers, and delivered in different settings, such as school or home-based.</p> <p>One systematic review identified that 9 of 15 included studies reported some tentative impact, although methodological quality was variable. Similarly, the primary studies identified for this surveillance review reported significant findings across many of the key educational outcomes, although the participant numbers were generally small. The 11 studies were also spread widely, with limited evidence focused on single age-groups or interventions. This is a potential topic which could be covered by an updated guideline.</p>

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<p>intervention with respect to reading, spelling, and mathematics skill development.</p> <p>A similar, second RCT(44) of the tutoring literacy and maths programme, TYCW, was undertaken with pupils (n= 91) in out of home foster or kinship care. Participants were randomly assigned to the 30-week TYCW programme or waitlist controls. Findings at the 2 year time-point identified a significant increase in reading decoding, spelling and mathematic skills for the intervention group, but no differences were identified for sentence comprehension. The authors report small to moderate effect sizes across the domains.</p> <p>An RCT(45) of foster children and young people (n=64) (age 6-13) were recruited from 9 Children's Aid Societies in Ontario, Canada, and received an educational intervention or control. The intervention consisted of one-to-one tutoring that was delivered by their foster parents; the control condition was not described in the abstract. In addition to assessing the overall effects the study, differential gender effects of the tutoring and the presence of mental health and social-relational 'spill-over' effects were considered. The participants in the experimental group demonstrated significant gains in their basic reading and maths skills over the control group. In addition, there were differential gender effects across the academic and mental health results; there was some evidence that tutoring does elicit spill-over effects into the mental health and social-developmental domains of foster children's lives (no data reported in the abstract).</p>		

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<p>In a Swedish before and after study(49) foster children (age not specified in abstract) were assessed at baseline using standard psychological and pedagogical instruments to assess potential and educational and psychological needs. A programme of tailored support was provided over a 2 year period, with teacher support provided by a psychologist and the special education teacher. Post-intervention scores indicate significant gains in IQ, reading and spelling skills, but weaker, non-significant improvements in maths skills (no data reported in abstract).</p> <p><b>Primary age groups only</b></p> <p>An RCT(46) assessed a book gifting programme, the Letterbox Club (Northern Ireland), which aimed to improve literacy skills amongst children (aged 7-11) in foster care. The intervention group children (n=56) received 6 parcels of books over a 6-month period; there was a waiting list control group (n=60). The trial found no evidence of effect for the programme for the key outcome measures: reading skills (reading accuracy, comprehension and rate) and attitudes to reading and school (no data reported in abstract). The authors suggest that the programme lacked direction for carers/children on the use of the packs received.</p> <p>A before and after study(48) investigated the effect of a paired reading programme for foster children (average age 9), set up in schools, with reading support from foster carers. The intervention involved reading with carers at least 3 times a week for a minimum of 20 minutes over a 16 week period, using texts selected by the child. Reading age was</p>		

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>assessed by teachers using the Salford Sentence Reading Test at the 2 time points; at baseline the average reading age was 8 years, with average improvement in reading age of 12 months recorded at the end of the study (no data provided in abstract). Only 1 carer reported difficulties with the intervention.</p> <p>A Swedish before and after study(50) replicated an English paired reading intervention over 16 weeks for 81 foster children (aged 8-12). Attrition of children and foster carers was low at 2.4%. The younger aged children (aged 8-9) demonstrated significant improvement across 4 of 4 standardised reading tests, and on the vocabulary subtest; the older children (aged 10–12) improved across 3 of 5 standardised reading tests, and on the vocabulary subtest.</p> <p><b>Secondary</b>  An RCT(41) assessed the effectiveness of Take Charge, an intervention to enhance school performance of young people with mental health problems in foster care. The participants (n=133) were randomised to intervention or usual services. The intervention included coaching in self-determination skills and group mentoring workshops with successful young adult alumni of foster care. Findings indicate that the intervention group report significant improvement in self-determination, engagement in educational planning, school performance, and reduced anxiety and depression (no data provided in abstract).</p> <p>An RCT(47) evaluated the effect of a home-based tutoring program for adolescent foster children on</p>		

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>academic performance and educational outcomes. No further details of the intervention, control or measures are provided in the abstract. Based on in-person interviews with 465 young participants no statistically significant impacts are found on any included measures of academic ability or other educational outcomes.</p> <p><b>Further &amp; Higher</b>  An RCT(42) involving young people in foster care with mental health challenges (n=134) compared the Better Futures programme, which offered individual peer coaching and mentoring, with usual services. The aim was to improve postsecondary preparation and participation. Findings indicate significant gains for the intervention group on measures of postsecondary participation, postsecondary and transition preparation, hope, self-determination, and mental health empowerment compared to the control group (no data provided in abstract).</p>		
<p><b>Preparing for independence</b></p> <p><b>Recommendation 46 Support preparation for the transition to adulthood and moving to independent living</b></p> <p><b>Recommendation 47 Provide leaving-care services</b></p> <p><b>Recommendation 48: Conduct a comprehensive health consultation when young people move on to independent living</b></p> <p><b>Recommendation 49 Support transfer to adult mental health services</b></p>		
<p>The current surveillance review identified 2 RCTs(54,55), 2 cohort studies(56,57) and 1 before and after study(58) which provided new evidence about supporting the transition of looked-after young people to independent living.</p>	<p>No additional intelligence indicated that this area required updating.</p> <p>Recommendation 47</p>	<p>Recommendation 46  Evidence from 1 US cohort study was broadly supportive of the current recommendation to extend arrangements for care leavers (aged 18 in the UK) by providing the option to remain in a stable foster home or residential home.</p>

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>Recommendation 46  <b>Extended foster care support</b>            A prospective cohort study(56) followed 732 young people (aged 17) in transition from care in 3 US states (Illinois, Wisconsin, and Iowa). Data were collected at age 17, 19, 21 and 23 to identify care status and whether arrested, convicted or incarcerated and behaviour measures for violent crimes, property crimes, drug crimes and any crimes. Findings identified that remaining in care is not associated with the likelihood of future criminal involvement for men. For women still in care the odds of arrest are significantly lower than for women who are no longer in care. In addition, the odds of incarceration and conviction are marginally significantly lower for women who remain in care.</p> <p>Recommendation 47  <b>Life skills – utilisation of social support services</b>            An RCT(54) evaluated the Life Skills Training (LST) Programme of Los Angeles County, US, for young people out of foster care who received independent living services. The study aimed to establish the effectiveness of LST programme compared to usual care and examine the differences in social support received by participants by race and ethnicity among LST participants. Longitudinal analysis revealed that participants (n=234 LST; n=248 control) received a significant reduction in social support across 3 time-points: baseline, first follow-up, and second follow-up, with no difference between the 2 groups; in addition, there was no racial or ethnic difference in the social support trajectory.</p> <p><b>Life skills – self-determination</b></p>	<p>One topic expert mentioned that reference to substance misuse advice should be changed, for clarity, to drug and alcohol misuse advice.</p> <p>One expert mentioned that there are no recommendations relating to older looked after young people who may be in supported lodgings or similar.</p>	<p>Recommendation 47            Evidence from 4 studies indicates that interventions for improving the transition outcomes can be effective. In 1 study the focus was transitional housing support, which provided evidence of positive outcomes for housing, employment and substance misuse. Similarly, 2 studies focused on life-skills coaching indicated positive outcomes in respect of uptake of social and support services. Lastly, 1 study focused on transition support for pregnant and parenting young foster care woman where participation was associated with positive changes across a range of domains.</p> <p>The current recommendation does not provide specific details on the type or duration of interventions to support young people preparing for independence from foster care. It does indicate leaving care service should include support, for example, through safe and settled accommodation, training in life skills, opportunities for continuing education and substance misuse advice. This is a potential topic which could be covered by an updated guideline.</p> <p>The comment from 1 topic expert that there are no recommendations relating to older looked after young people who may be in supported lodgings would require evidence to support a recommendation. Currently, the guideline provides recommendations on moving to independent living.</p>

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>An RCT(55) assessed the efficacy of the Take Charge self-determination intervention for improving the transition outcomes for young people with special education needs on leaving care (n=69; aged 16.5-17.5). Participants were randomised to Take Care or the foster care independent living programme. The Take Care intervention included coaching to achieve self-identified goals and participation in mentoring workshops with peer foster care alumni. Data were gathered at baseline, post-intervention and 1 year follow-up. The findings in favour of the Take Charge intervention identified moderate to large effect sizes at post-intervention and 1 year follow-up for self-determination, quality of life, and utilisation of community transition services. The intervention group also reported higher rates for high school completion, employment and independent living activities (no data reported in abstract).</p> <p><b>Transitional housing support</b> A prospective cohort study(57) assessed post-foster discharge adjustment for former residents of transitional housing compared with young people discharged to other living arrangements (n=106, age &gt;16). Interview data was gathered post-discharge at 6 months, 1 year, 2 years, and 3 years. The abstract does not identify findings at different time points, but identified overall that transitional housing attendees reported better housing stability, less likely to be unemployed, used substances less, and had less criminal justice contact than the young people who went to other living arrangements.</p> <p><b>Transition support for pregnant and parenting young foster care woman</b></p>		

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>A before and after study(58) evaluated the impact of a residential programme (with comprehensive additional services) aimed to support young pregnant and parenting foster care women with severe mental illness or severe emotional disturbance in preparation for independent living. Data were gathered from 25 participants (age 18-21) regarding monthly status changes (including education, employment and hospitalisation) and four bi-annually standardised assessments of parenting competency and stress, child maltreatment risk, and mental health symptoms. Programme participation was associated with positive changes in participants' familial relationships, family responsibility and care, proper parenting behaviour and feelings, and parental distress and competency, but no change in mental health symptoms. Positive behaviour changes associated with programme participation were observed in education, employment, and low numbers of suspected and substantiated child maltreatment reports. Negative behaviour changes associated with the program were frequency of AWOL incidents and subsequent pregnancies.</p>		
<p><b>Training for professionals</b></p> <p><b>Recommendation 50 Develop a national core training module</b></p> <p><b>Recommendation 51 Train social workers to support looked-after children and young people in education</b></p> <p><b>Recommendation 52 Train independent reviewing officers to support looked-after children and young people in education</b></p>		
<p>The current surveillance review identified 1 study which evaluated training for professionals.</p> <p>A non-randomised control trial(59) assessed the effect of a US training intervention for child case</p>	<p>Recommendation 50</p> <p>One topic expert identified the following report which provides a Framework for training staff working with looked after children and identifies five levels of competence: <a href="#">Looked after children:</a></p>	<p>Evidence from 1 trial of a training intervention aimed at case workers to improve outcomes for children and young people in foster care provides limited evidence on the topic of training. This is a potential topic which could be covered by an updated guideline.</p>

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>workers intended to raise awareness of foster child needs, to provide instruments for the assessment of emotional and behaviour problems and to promote cooperation between child welfare and mental health systems. Training was allocated via 24 child welfare agencies and 4 foster parent organisations; control group participants were allocated from 16 non-participating child welfare agencies. At the 1 year time point participants from the intervention clusters reported significantly better outcomes for recording social histories, use of standardised psychosocial assessments, assessment of medical needs and were more likely to inform foster parents about behaviour problems of foster children.</p>	<p><a href="#">Knowledge, skills and competences of health care staff; Intercollegiate competency framework for health staff</a> (RCN, Intercollegiate role framework 2015). This document provides a framework of competencies, with different levels of competence depending on the professional's role and degree of contact, that enable staff to effectively safeguard, protect and promote the welfare, health and wellbeing of looked after children and young people, as well as care leavers. This document complements the current guidance.</p>	
<b>Health promotion: health and wellbeing of looked after children &amp; young people</b>		
<p>The current surveillance review identified 2 studies(60,61) which evaluated interventions providing advice and information on contraception and sexual health for young people in care. New evidence on this topic and population will be considered during the next surveillance review of PH51 <a href="#">Contraceptive services for under 25s</a>.</p> <p>The current surveillance review identified 1 study(62) which evaluated interventions providing advice and information on substance misuse for young people in care. New evidence on this topic and population will be considered during the next surveillance review of NG64 <a href="#">Drug misuse prevention: targeted interventions</a>.</p>	<p>Initial intelligence gathering identified several NICE guidelines related to promotion of physical and emotional health and wellbeing which reference looked after children or people leaving care as vulnerable or high risk groups:</p> <p><a href="#">Sexually transmitted infections and under-18 conceptions: prevention</a> (2007) PH3</p> <p><a href="#">Immunisations: reducing differences in uptake in under 19s</a> (2009) PH21</p> <p><a href="#">Alcohol-use disorders – preventing harmful drinking</a> (2010) PH24</p> <p><a href="#">Contraceptive services for under 25s</a> (2014) PH51</p>	<p>New evidence was identified that focuses on the promotion of physical and emotional health and wellbeing of looked after children and young people. This evidence also comes under the scope of a number of existing NICE guidelines.</p> <p>The current guideline does not provide detailed information on health promotion, although this area is within scope. This is a potential topic which could be covered by an updated guideline. The following NICE guidelines refer to looked after children and are identified as vulnerable or at risk groups, for example:</p> <p><a href="#">Sexually transmitted infections and under-18 conceptions: prevention</a> (2007) PH3</p> <p><a href="#">Immunisations: reducing differences in uptake in under 19s</a> (2009) PH21</p>

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
	<p><a href="#">Drug misuse prevention: targeted interventions</a> (2017) NG64</p> <p>One topic expert highlighted the importance of acknowledging the link between mental health and alcohol and drug misuse. Further information on substance misuse and its impact is provided within NG64 <a href="#">Drug misuse prevention: targeted interventions</a> and PH24 <a href="#">Alcohol-use disorders: prevention</a>. Both guidelines highlight that children in the care system are at risk of related harm and that additional or tailored support should be available for at risk groups.</p> <p>One topic expert highlighted that there is a disproportionate risk of pregnancy in looked after children under 18 years of age.</p>	<p><a href="#">Alcohol-use disorders – preventing harmful drinking</a> (2010) PH24</p> <p><a href="#">Contraceptive services for under 25s</a> (2014) PH51</p> <p><a href="#">Drug misuse prevention: targeted interventions</a> (2017) NG64</p>
<b>Research recommendations</b>		
<b>What is the relative effectiveness and cost effectiveness of the different types of placement (that is, local authority carers, private fostering agency carers, residential homes and care provided by family and friends) on the quality of life (short- or long-term outcomes) for children and young people?</b>		
<p>One systematic review and 3 primary studies were identified that addressed this research question in relation to kinship vs non-kinship care. The 3 primary studies were all non-UK based.</p> <p>A Cochrane systematic review(63) of controlled experimental and quasi-experimental studies aimed to evaluate the effect of kinship compared to non-kinship foster care placement on the safety, permanency, and well-being of children removed from the home for maltreatment. The review covered</p>	<p>No evidence identified.</p>	<p><b>No new evidence was identified that has an impact on the guideline.</b></p> <p>Although the primary studies are not UK based, the results generally support the current guideline in treating kinship care as a viable placement option. No comparisons were found across local authority carers, private fostering agency carers and residential homes.</p>

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
<p>102 quasi experimental studies across 666,615 children. Findings indicate that children in kinship care experience fewer behavioural problems, fewer mental health disorders, better well-being and less placement disruption than children in non-kinship foster care. There was no difference on re-unification rates, although children in non-kinship foster care were more likely to be adopted, while children in kinship foster care were more likely to be in guardianship. The authors highlight that there were pronounced methodological and design weaknesses of the included studies.</p> <p>A US longitudinal study(64) of a random sample of matched children in kinship foster care and non-kinship foster care (n=3,000) sought to establish differences in permanency outcomes and placement stability. After matching, at 1 year children in non-kinship foster homes reported higher risk for initial placement disruption, but overall there was no difference in rates of instability between the 2 groups.</p> <p>A Canadian prospective cohort study(65) aimed to compare the stability of kinship (n=389) and non-kinship (n=880) foster placements. Key findings indicated that after 1 month non-kinship placements were 4 times more likely than kinship placements to end; from 2 to 6 months kinship placements remained significantly more stable.</p> <p>A US prospective cohort study(66) sought to establish differences in support service uptake and child behavioural, mental health and health service use outcomes 3 years after placement for kinship and non-kinship foster care following reported</p>		

Summary of new evidence from 8-year surveillance	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
maltreatment (n=1308). Kinship care was associated with a significantly lower risk ratio of continuing behavioural problems, social skills, mental health therapy use and psychotropic medication use, but higher risk of substance use and significantly higher risk of pregnancy.		
<b>How effective and cost effective are interventions for looked-after children and young people that aim to enhance quality of life (through improving access to services, improving social and educational opportunities, providing support to leave care)</b>		
See evidence identified for Recommendation 47 and the section 'Improving education for looked-after children and young people'.	No evidence identified.	<b>No new evidence was identified that has an impact on the guideline.</b>
<b>How effective and cost effective are entry-level and any additional training and support for approved carers, professionals (including teachers), frontline practitioners or approved volunteers in sustaining and improving quality of life for looked-after children and young people?</b>		
See evidence identified under the section 'Training for professionals'.	See evidence identified under the section 'Training for professionals'.	<b>No new evidence was identified that has an impact on the guideline.</b>
<b>What interventions are effective and cost effective for particular groups of looked-after children and young people?</b>		
See Recommendation 15 Support sibling placements	No evidence identified.	<b>No new evidence was identified that has an impact on the guideline.</b>
<b>Do experiences before entering care and during care (for example, stability in care) affect the success of any intervention and what is the relative impact over time?</b>		
No evidence identified.	No evidence identified.	<b>No new evidence was identified that has an impact on the guideline.</b>

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